

PERMIT #

AUTOMATIC IRRIGATION CERTIFICATE

Operating Instructions and Performance Date

Contractor name	Address	Phone
Address	Phone	Owner name

Location of work _____

Source of water: **PSD #1** **South Isl** **Broad Creek PSD**

Please read and retain the enclosed owner's manual for the system controller. Operate your system daily for the first _____ weeks after installation. Reduce operation to two (2) days per week based on the application rates listed below. Watering times should be adjusted seasonally. Water early morning (4-7 AM) spring through fall and late morning (10 AM to 12 noon) in winter. The rain sensor should compensate for periods of natural rainfall. Be sure to keep sensor clear of debris. Inspect system operation periodically.

APPLICATION RATES

ZONE	Flow Rate per minute	Minutes operated per week	Application per month	Water usage per month
One				
Two				
Three				
Four				
Five				
Six				
Seven				
Eight				
Total Monthly Usage:				

Checklist

- System inspected with owner
- Owner's manual provided to owner
- System programmed for initial operations
- As built provided by owner

Certification

The Landscaper hereby certifies the above reference automatic irrigation system has been installed in accordance with the specification established by the Town of Hilton Head Island.

_____/_____/_____
 Landscaper's signature: Certificate #: Date

I hereby acknowledge receipt, demonstration and understanding of the above listed information.

_____/_____/_____
 Owner Signature Date

